

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

43043

State File No. 11199

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 11199	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2119			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. STREET ADDRESS 4584 Maffitt Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1950			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) C.		c. (Last) Woods		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 14, 1896		9. AGE (in years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Operator		10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael Woods		13b. MOTHER'S MAIDEN NAME Amanda Burgett		14. NAME OF HUSBAND OR WIFE Mildred I. Woods			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY (If yes, give war or dates of service) World War I		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mildred I. Woods - 4584 Maffitt			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH				19. DATE OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from 3 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 145A m., from the causes and on the date stated above.							
23a. SIGNATURE Patricia E. Taylor (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12.29.50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/30/50		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE RECEIVED BY LOCAL DEC 29 1950		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Coroner

JML

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.